## **DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are list below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

FOOD PRODUCT FOR LOWERING CHOLESTEROL LEVELS				
the specific	ation of which ed hereto.			
() was filed	on		as	
Applicati	ion Serial No			
and was	amended on		·	
		ewed and understand the co aim(s), as amended by any a		
		close information which is ma h Title 37, Code of Federal R		
		der 35 U.S.C.§119(e) of any l pplication No		nal
foreign appl below any f	lication(s) for pate	benefits under Title 35, Unite ent or inventor's certificate list for patent or inventor's certif riority is claimed:	ed below and have als	o identified
Prior Foreign Application(s)			Priority	/ Claimed
(Number)	(Country)	(Day/Month/Year Filed)	()Yes	; ()No
(Number)	(Country)	(Day/Month/Year Filed)	()Yes	; ()No
			()Yes	( )No

I hereby claim the benefit under Title 35, United States Code, Sec. 120 of any United States application(s) listed below and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Sec. 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Sec. 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application: None

(Day/Month/Year Filed)



(Number)

(Country)

DECLARATION/POW OF ATTORNEY - PATENT APPLICATE	`s

(Application Serial No.)	(Filing Date)	(Status: patented, pending, or ab	andoned)			
(Application Serial No.)	(Filing Date)	(Status: patented, pending, or ab	andoned)			
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.						
Taylor, Douglas J. (Reg. No. 32,945) O'Toole, John A. (Reg. No. 28,336) Weaver, Karrie G. (Reg No. 43,245) Maier, Michael C. (Reg. No. 36,206) Haurykiewicz, John M. (Reg. No. 29,311) Hollander, Barry I. (Reg. No. 27,653) Kamrath, Alan D. (Reg. No. 28,227)  Diederiks, Everett G., Jr. (Reg. No. 33,323) Czaja, Timothy A. (Reg. No. 39,649) Clark, Barbara J. (Reg. No. 38,107) McCrackin, Ann M. (Reg. No. 42,858) Ball, Rebecca (Reg. No. 46,535) Waite, Kenneth J. (Reg. No. 45,189) Faris, Robert (Reg. No. 31,352)						
Send correspondence to:						
Michael C. Maier, Esq. P.O. Box	1113, Minneapolis,	Minnesota 55440, Phone: 763-764	-2265			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.  Full name of sole or first inventor  VALA, LISA A.  Inventor's Signature						
Residence: 4615 Juneau Lane Citizenship: United States Post Office Address: Same as	•	IN 55446	Date			
Full name of second joint inven	itor, if any LEW	ANDOWSKI, DANIEL J.				
Second Inventor's Signature						
Residence: 10916 Decatur Ave Citizenship: United States Post Office Address: Same as	e. S., Bloomington,		Date			
Full name of third joint inventor	, if any HEDI	DLESON, RONALD A.				
Third Inventor's Signature						
Residence: 4560 Glacier Lane Citizenship: United States Post Office Address: Same as	N., Plymouth, MN		Date			

Full name of fourth joint inventor, if any	GUGGER, ERIC T.	
Fourth Inventor's Signature	_	
Residence: 13571 Birch Road, Rogers, MN Citizenship: United States Post Office Address: Same as residence	55374	Date
Full name of fifth joint inventor, if any	PERDON, ALICIA A.	
Fifth Inventor's Signature		
Residence: 14995 65 <sup>th</sup> Place North, Maple	Grove, MN 55311	Date

Citizenship: United States
Post Office Address: Same as residence